

JOB ANNOUNCEMENT

PLANNER II

EMPLOYMENT OPPORTUNITY FOR ALL QUALIFIED APPLICANTS

CURRENT SALARY RANGE: \$3884 TO \$4595 PER MONTH

ANTICIPATED OPENINGS: 1

THE DURATION OF THIS ELIGIBLE LIST IS ONE YEAR

PURPOSE: Support the successful preparation, operation, and/or conclusion of special projects or on-going programs in such fields as community and business development, housing, zoning and land use, preservation, and environmental planning.

MINIMUM REQUIREMENTS: Four-year bachelor degree in Business Administration, Planning, Urban Development, Social Science or other research-based field; plus three years full-time equivalent verifiable experience in the functional areas identified as essential above. A Master's Degree in a related field may be substituted for two years of experience. Knowledge of Federal and State housing and community development legislation and programs. Knowledge of procedures used in community planning. Knowledge of land use and zoning principles and procedures. Basic knowledge of statistics and analysis to conduct research and data analysis. Basic knowledge of legal contract principles. Basic knowledge of budgeting principles and practices. Basic knowledge of finance and accounting principles. Basic knowledge of public administration principles and practices. Knowledge of GIS (Geographic Information System) functions. Skill in effective communication with groups and on a one-to-one basis. Skill in conducting public presentations. Skill in negotiating development agreements. Skill in public and media relations. Skill in graphics/design work. Ability to analyze and solve problems. Ability to design and prepare graphic presentations. Ability to read and understand technical and legal documents. Ability to transport oneself to, from, and around sites of projects and programs, and sites of public meetings. Ability to transport (usually by lifting and carrying) materials and equipment weighing up to 25 pounds per load for presentation at public meetings. Ability to use a micro-computer and associated applications software including word processing, desktop publishing, presentation, database, and spreadsheet. Ability to attend work on a regular basis.

SELECTION PROCESS

PHASE	EXAMINATION TYPE	WEIGHT	PASS POINT
PHASE I	Education & Experience Review	50%	70% Normed
PHASE II	Modified Oral Performance	50%	70% (Normed)

PHASE I

EDUCATION & EXPERIENCE REVIEW: Applicants will be rated based on the type (relatedness) and extent of their education and experience as they document on the expanded application provided. Applicants with education and experience more directly related to that required for the job will be rated higher. Applicants with a greater level of related education and experience will be rated higher.



The City of Duluth is an Equal
Opportunity, Affirmative Action Employer

**CITY OF
DULUTH**
DEPT OF ADMINISTRATIVE SERVICES
HUMAN RESOURCES DIV.

JOB ANNOUNCEMENT

PHASE II

MODIFIED ORAL PERFORMANCE TEST: The top 10 applicants will be invited to participate in the Oral Performance Test. Applicants eligible for veterans' preference points who pass the written exam will also be invited to participate. Qualified applicants will be notified by letter regarding the date, time, and location of the Oral Performance Test. Applicants who pass the Oral Performance Test will have their names placed on an eligible list for this position.

ALTERNATIVE EXAM PROCESS: For persons who qualify under the Americans with Disabilities Act (ADA) alternative examination processes are available on an individual basis upon prior arrangement. Contact the Human Resources Division, 313 City Hall, (218) 730-5203, as soon as possible prior to the scheduled date of the exam. TDD services are available through 730-5630.

VETERANS: For applicants claiming veterans' preference, a legible discharge certificate (DD214) verifying 181 days of consecutive service, or service in Desert Storm/Desert Shield, and separation under honorable conditions **MUST** be filed **WITH** the application for veterans' preference. Failure to provide the required documentation may eliminate the candidate from subsequent steps in the selection process. Veterans' points will be added only if the applicant successfully completes all phases of the exam process and has submitted all required documentation to the Human Resources Division. For applicants claiming disabled veterans' preference a letter dated within one year from the Veterans' Administration documenting entitlement to compensation for a permanent service-connected disability **MUST** be filed **WITH** the application for veterans' preference.

In accordance with the Immigration Reform and Control Act of 1986, the City of Duluth requires verification of identity and work eligibility at the point of hire.

OBTAINING APPLICATIONS: Applications and veterans' preference forms are available at the Human Resources Division, 411 West First Street Room 313, Duluth, MN 55802 from 8:00 AM to 4:30 PM weekdays except holidays. The complete job description can be found on our web site at www.duluthmn.gov/employment.

FILING APPLICATIONS: APPLICATIONS MUST BE RECEIVED OR POSTMARKED BY THE CLOSING DATE OF May 8, 2009. Job applicants must meet all minimum qualifications listed above by the closing date of the application period. Applications must be mailed or brought directly to the Human Resources Division. It is the responsibility of the applicant to verify that applications are on file on or before the closing date.

April 17, 2009
Job Number C0908



The City of Duluth is an Equal
Opportunity, Affirmative Action Employer

**CITY OF
DULUTH**
DEPT OF ADMINISTRATIVE SERVICES
HUMAN RESOURCES DIV.



City of Duluth Human Resources Division
411 W First ST #313
Duluth, MN 55802-1195

April 10, 2009

Dear Applicant:

Thank you for your interest in employment with the City of Duluth. In order to assist us in evaluating your background, you must complete the attached application forms.

The Education/Experience Rating will make up 50% of your total score. The information you submit on this application will be used to evaluate your education and experience. Please read the instructions carefully before completing the applications forms.

You will receive credit only for information you give according to the instructions. A resume **may not** be used in lieu of a completed questionnaire. The application is considered to be the examination, and must be completed.

Please attach the supplemental questionnaire to your standard application form, and return all materials to Room 313 City Hall by the closing date for filing applications. If you have any questions, or if you have a disability and need assistance with this application, please email me at ctanner@duluthmn.gov or call me at 218-730-5203, or if using TDD, 730-5630.

Thank you again for your interest in employment with the City of Duluth. I look forward to receiving your application.

Sincerely,

Cliff Tanner
Personnel Analyst

INSTRUCTIONS FOR COMPLETING YOUR APPLICATION

APPLICATION FORM:

1. Each paid or volunteer position you list on this supplemental questionnaire must also be listed on the standard application form.
2. We will consider only experience accumulated within the past 10 years for rating purposes; however, experience prior to that time will be considered for the purpose of meeting the minimum qualifications for the position. Employment in a position held for 6 months or less will not be considered for rating purposes but will count towards the minimum qualification requirements.
3. Provide ALL information requested for each position you list (i.e. beginning and end dates of employment, hours worked per week, etc.). If the span of employment you list was interrupted for any reason (leave of absence, lay-off, military obligations, etc.) please make a note of that fact.
4. Failure to follow directions may affect your score on the Education/Experience Rating.
Experience must be documented on the application form or you will not receive credit for it. We cannot assign point values for experience if you have failed to provide hours worked per week, beginning/ending dates of employment, etc.

SUPPLEMENTAL QUESTIONNAIRE:

- Part 1:*
- A. Check those requirements which you possess that qualify you for the position.
 - B. Identify by block number (the bold numbers printed on the standard application form beginning with the education section) the education or experience which documents those qualifications you possess.
- Part 2:*
- A. Answer each question by describing your work and education experience and identify with block numbers where you received your experience. If you need more room, attach additional signed and dated pages.

PLANNER II
SUPPLEMENTAL QUESTIONNAIRE PART 1

Minimum Requirements Check the statements below which describe how your education/experience qualifies you for this position and indicate by Block Number(s) from the standard application form the education/experience that documents the qualifications checked:

- ☐ Four-year bachelor's degree in Business Administration, Planning, Urban Development, Social Science, or other research-based field; plus

Block Numbers: _____

- ☐ Three years full-time equivalent experience in the functional areas of planning. A Master's degree in related field may be substituted for two years of experience.

Block Numbers: _____

For each task question on the following pages, describe your work and education experiences and identify where you received those experiences by reporting the block numbers from your standard application. Please remember to answer each question as completely as possible. Feel free to attach additional sheets if necessary.

EDUCATION AND EXPERIENCE SUPPLEMENTAL QUESTIONNAIRE
PART 2

TASK I: **Assisting with the research, preparation, and communication of reports on projects or programs assigned.**

Block Numbers:

Applicant's Signature

Date

EDUCATION AND EXPERIENCE SUPPLEMENTAL QUESTIONNAIRE
PART 2

TASK II: Provide information to public agencies, boards, commissions, and committees; to members of the public and public media.

Block Numbers:

Applicant's Signature

Date

EDUCATION AND EXPERIENCE SUPPLEMENTAL QUESTIONNAIRE
PART 2

TASK III: **Conduct research and studies; assemble and correlate information regarding community needs and issues, including fair housing impediments and housing regulatory barriers.**

Block Numbers:

Applicant's Signature

Date

**EDUCATION AND EXPERIENCE SUPPLEMENTAL QUESTIONNAIRE
PART 2**

TASK IV: Develop financial resources in support of projects and programs assigned.

Block Numbers:

Applicant's Signature

Date

EDUCATION AND EXPERIENCE SUPPLEMENTAL QUESTIONNAIRE
PART 2

TASK V: Prepare and/or present reports, proposals, requests, contracts, and recommendations.

Block Numbers:

Applicant's Signature

Date

EDUCATION AND EXPERIENCE SUPPLEMENTAL QUESTIONNAIRE
PART 2

TASK VI: Monitor project and/or program performance for compliance with contract provisions, regulations, and goals.

Block Numbers:

Applicant's Signature

Date

**AGREEMENT, AUTHORIZATION, AND
CONSENT FOR RELEASE OF
BACKGROUND INFORMATION**

PLEASE TYPE OR PRINT

I, _____
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that because my position with the City of Duluth may require me to operate a vehicle, the City will use the services of an outside agency to periodically check the status of my driver's license and driving record in accordance with the City's Motor Vehicle Operations policy. The agency will provide a written report of its findings to the **City of Duluth**. The **City of Duluth** uses Abso and Samba, consumer-reporting agencies, as agents to perform its driver's license checks.

Abso and **Samba** will utilize various sources of information it deems appropriate including but not limited to: department of motor vehicle records and criminal conviction records. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to the **City Of Duluth** and **Abso**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it will contain only information about the status of my driver's license and my driving record. This authorization in original or copy form shall be valid for my term of Employment from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by the **City of Duluth** if my employment is impacted because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to the **City of Duluth**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Abso**, 101 Creekside Ridge Court 2nd Floor, Roseville, CA 95661 or **Samba**, 1730 Montano NW, Albuquerque, NM 87107. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION
PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT
IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.**

Signed

Today's Date

Printed Name

Position

Social Security Number

Date of Birth

Driver's License Number

State

Other names you have used or are also known as: _____

General Authorization and Release
Pursuant to Minn. Stat. 13.05, subd. 4
Minnesota Data Practices Act

To: City of Duluth Human Resources

I, _____, hereby authorize and grant my informed consent to permit you, City of Duluth Human Resources, to release and make available to the City of Duluth hiring department and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession or to which you have access through the State Bureau of Criminal Apprehension. The data which I authorize to be released consists of private data, as defined by Minn. Stat. 13.02, subd. 12. The information for which release is authorized includes:

Full Name: _____
(Full First Name) (Full Middle Name) (Full Last Name)

Previous Names/Maiden (if applicable) _____
(Include Full Name) _____

Birth Date: _____

Social Security # _____

Driver's License Number: MN _____
WI _____

and record of convictions.

I understand that the purpose of permitting the Human Resources Division to have access to this information is to determine my suitability for employment with the City of Duluth. I further understand that this information may subsequently be used for other purposes relating to my possible employment with the City of Duluth, including verification of my records and analysis by consultants to the department who may review my suitability for employment.

This authorization shall be valid for the life of the eligible list for this position, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to you of that fact.

(Original Signature)

(Date)



City of Duluth

Human Resources Division

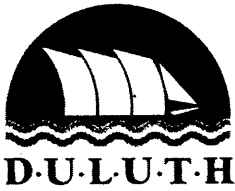
Application Supplement

The following information is collected for statistical reporting purposes and will not be considered in the hiring decision. This page will be separated from the application and not communicated with individuals who have input to the hiring decision. This information is voluntary, but we ask that you complete it in order to assist us in our recruiting and reporting efforts. Please print clearly to prevent mistakes in data entry. Thank you for filling this out.

Last Name															First Name															MI										
Street Address																																								
City																								St		Zip														
Home Phone Number										Work Phone Number										Social Security No.										Job No.										
Cell Phone Number										Veteran Status:																														
										<input type="checkbox"/> Not a Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Disabled/Deceased Veteran																														
Email Address																																								
Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please check a box below:																																								
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Two or More Races																																								
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male																																								
Age Group: <input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 25 <input type="checkbox"/> 26 - 39 <input type="checkbox"/> 40 or Over																																								
How did you hear about this job?																																								
<input type="checkbox"/> City Posting <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> City Website <input type="checkbox"/> Friend or Relative <input type="checkbox"/> Workforce Development <input type="checkbox"/> Other Website: <input type="checkbox"/> Other: _____																																								

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

**CITY OF DULUTH**

DEPARTMENT OF ADMINISTRATIVE SERVICES
Human Resource Division
 313 City Hall Duluth, Minnesota 55802-1195
 218-730-5210 Fax 218-730-5906

Title of Position for which you are applying:
 READ PAGE 2 BEFORE YOU BEGIN - PRINT clearly with INK or TYPE

Last Name	First Name	Middle Name	May we call you at work? Yes ___ No ___
Street Address	Apt. No.	Home Phone	Work Phone
City	State	Zip Code	Are you age 18 or older? Yes ___ No ___
Are you a United States Citizen or if not, do you have permission to work in this country? Yes ___ No ___			
If you are not a U.S. citizen, attach a copy of your INS employment authorization form.			

If position requires driver's license, please provide information:

Type: _____ State: _____ Number: _____ Expiration Date: _____

Have you legally changed your name within the past five years? Yes ___ No ___

If yes, list previous names: _____

Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, or do you meet the minimum active duty requirements of eligibility for federal veterans benefits? Yes ___ No ___

If yes, attach City of Duluth Veterans Preference Claim Form along with required documentation.

ALTERNATIVE EXAM PROCESS: For persons who qualify under the Americans with Disabilities Act (ADA), alternative exam processes are available on an individual basis upon prior arrangement. Contact the Human Resources Division, 313 City Hall, (218) 723-3291, as soon as possible prior to the scheduled date of the exam. TDD services are available through (800) 657-3529 or 723-3300.

Have you ever been convicted of a crime other than a parking ticket or traffic moving violations? (You must check yes for alcohol-related driving offenses) No ___ Yes ___

You may answer "No" if the conviction or criminal records have been annulled, sealed, set aside, or purged, unless you are applying for the position of Police Officer.

If "Yes", please attach a separate sheet with explanation, including state and county of conviction, date of conviction, and description of conviction. Information concerning this question will not automatically bar you from employment, but will be used to assess your suitability for this position.

INSTRUCTIONS FOR COMPLETING APPLICATION FORM

If you do not provide complete information, you may receive an inaccurate score or be removed from further consideration. So that your application will be processed accurately, please do the following:

1. Complete the "Computer Application Record" according to provided instructions and return with your application.
 - To receive proper credit, list the five most important and/or time-consuming duties and the percentage of time spent on each for each position. Do not include unimportant job duties which are performed only occasionally.
 - Do not write "see prior applications".
2. Work Experience Section: For jobs with an experience and training rating, your score will be determined by an evaluation of the job related experience and training you describe on the application. Be specific and complete.
 - List your present or most recent experience first, including all job-related volunteer and/or unpaid experience.
 - List each promotion as a separate job, even though it may have been with the same department or organization.
 - If you attach additional information sheet(s), include all of the information requested on the application, i.e., organization, position title, length of employment, total time, hours per week, major activities and percentages. If hours per week vary, please use the average number of hours per week.
 - Part-time work experience is prorated to the number of hours worked, using a 40-hour work week as the standard for full-time work.
3. Your application and supporting material becomes the property of the City of Duluth and cannot be returned. Work samples, letters of recommendation and the like should not be submitted with the application. However, you may bring such material to an actual employment interview.
4. It is your responsibility to notify our office (by mail or phone) of any name, address, or phone number changes.
5. An accepted application is subject to later rejection if it does not show qualifications required by the examination announcement or if there is any false statement by an applicant during the hiring process. A false statement is also sufficient cause for discharge after appointment.

DATA PRIVACY ADVISORY

This application is to assist in the process of referring you to City departments for possible employment. Certain information requested on the application is private, that is, it may be released only to you or to City departments where you may be considered for employment. Names of applicants become public when certified as eligible for appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position.

Private Data	Why we ask for it	Are you legally obligated to provide it?	What may happen if you don't provide it?
Name	To distinguish you from all other applicants	Yes	Failure to provide information may be cause for rejecting an application.
Social Security Number	To distinguish you from all other applicants and to make processing more efficient.	No	In most cases, nothing. However, it will help to ensure that we do not confuse your records with others.
Street Address Route or Box No.	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Telephone Numbers	To be able to contact you to determine availability for interview.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Sex, Racial/Ethnic, Disability status	To be able to make Equal Opportunity reports, and to provide affirmative action. "Disability/handicap" is defined as "a handicapping condition which substantially limits one of life's major activities such as walking, caring for yourself, seeing, hearing, speaking, performing manual tasks, breathing, learning, working". Do not answer "Yes" to this question if, for example, you have a visual problem corrected by glasses.	No	We will not be able to accurately assess our recruitment efforts as an affirmative action employer.
Conviction Records	To determine whether we may legally accept an application from you and to determine whether your record may be a job related conviction.	Yes	We will not be able to make determinations required by law.
Special Testing	To determine whether you need special testing arrangements	No	We will not be able to provide you necessary testing arrangements in a timely manner.

IMPORTANT: This page and work experience attachments will be duplicated for the hiring authority.

Last Name	First Name	Middle Name	May we call you at work? Yes ___ No ___
Street Address		Apt. No.	Home Phone
			Work Phone
City	State	Zip Code	Title of Position for which you are applying:

FORMAL EDUCATION

PLEASE SUBMIT A COPY OF YOUR COLLEGE TRANSCRIPTS IF APPLYING FOR A POSITION REQUIRING A COLLEGE DEGREE

Do you have a high school diploma or GED equivalency? Yes ___ No ___							
College, University or Professional School (List All Undergraduate and Graduate Work)		TOTAL MONTHS ATTENDED	TOTAL No. of Credits Earned	Degree		Major Field(s)	
Name	Location			Type AA, BS Etc.	Date Rec'd or Antici- pated		
1							
2							
3							
Business, Correspondence, Trade, Technical or Vocational School		TOTAL MONTHS ATTENDED	Full Time	Part Time Hrs. Wk.	Cert. Rec'd.? (Yes/No)	% Course Com- pleted	Program Title
Name	Location						
4							
5							
6							

PROFESSIONAL LICENSES: IF THE POSITION REQUIRES A LICENSE, CERTIFICATION, REGISTRATION OR SIMILAR CREDENTIAL, ATTACH A PHOTOCOPY OF THE CREDENTIAL AND COMPLETE THE INFORMATION BELOW.

Credentialing Organization	Profession	Number
Example: MN Bd of Nursing	RN	0000000

WORK EXPERIENCE

Provide a complete description of all qualifying experience, paid and/or volunteer, starting with the most recent position held. (Please refer to instructions on Page 2).

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LENGTH OF EMPLOYMENT		
Organization _____ Tele. #: _____ Address: _____ Position Title: _____ Supervisor _____ Major Activities: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Machines/equipment you used: _____ Number and Title(s) of people you supervised: _____	% of Time	From _____ To _____ Mo. Year Mo. Year Hrs/week _____ (If hours vary, indicate average hours/week) Reason for Leaving: _____ _____

			LENGTH OF EMPLOYMENT
8	Organization: _____ Tele. #: _____ Address: _____ Position Title: _____ Supervisor _____ Major Activities: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Machines/equipment you used: _____ Number and Title(s) of people you supervised: _____	% of Time	From _____ To _____ Mo. Year Mo Year Hrs/week _____ (If hours vary, indicate average hours/week) Reason for Leaving: _____

9	Organization: _____ Tele. #: _____ Address: _____ Position Title: _____ Supervisor _____ Major Activities: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Machines/equipment you used: _____ Number and Title(s) of people you supervised: _____	% of Time	From _____ To _____ Mo. Year Mo Year Hrs/week _____ (If hours vary, indicate average hours/week) Reason for Leaving: _____
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10	Organization: _____ Tele. #: _____ Address: _____ Position Title: _____ Supervisor _____ Major Activities: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Machines/equipment you used: _____ Number and Title(s) of people you supervised: _____	% of Time	From _____ To _____ Mo. Year Mo Year Hrs/week _____ (If hours vary, indicate average hours/week) Reason for Leaving: _____
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11	Organization: _____ Tele. #: _____ Address: _____ Position Title: _____ Supervisor _____ Major Activities: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Machines/equipment you used: _____ Number and Title(s) of people you supervised: _____	% of Time	From _____ To _____ Mo. Year Mo Year Hrs/week _____ (If hours vary, indicate average hours/week) Reason for Leaving: _____
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ATTACH ADDITIONAL SHEETS IF NECESSARY. BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.

APPLICANT'S SIGNATURE

ATTENTION - THIS STATEMENT MUST BE SIGNED. ANY FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW.

Read the following statements carefully before you sign this application.

I hereby authorize the City of Duluth and any agent acting on its behalf to conduct an inquiry into any job related information contained in this application, including, but not limited to my records maintained by an educational institution relating to academic performance. I hereby authorize all current and previous employers (unless noted otherwise) to release any information in their files pertaining to my employment history, including, but not limited to, the nature of my employment, wages, attendance records, performance reviews and disciplinary actions. I hereby release the City of Duluth and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

☐ YES
 ☐ YES, but not present employer until job is offered.
 ☐ NO (We may be unable to hire you without this information).

Name and phone number of current or immediately previous supervisor who may be contacted as an employment reference _____

I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that any false information or omission of information from this application may be cause for rejection, or dismissal if employed. I have read the Data Privacy Advisory (page 2) and agree to supply the information on this form with full knowledge of the meaning of that warning.

SIGNATURE OF APPLICANT: _____ DATE: _____



City of Duluth

Veterans' Preference Application

Title of Position: _____

Applicant: _____ Social Security #: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Tel # _____ email: _____

Branch of Service: _____ Dates of Active
Duty Service from: _____ to: _____

Type of Discharge: _____

Do you have a compensable Service-connected disability? ☐ Yes ☐ No

Type of Preference Requested: ☐ Veteran (5 pts) ☐ Disabled Veteran (10 pts)

☐ Spouse of Veteran (5 pts) ☐ Spouse of Disabled Veteran (10 pts)

If Spouse,
Veteran's Name: _____ SS#: _____

Signature: _____ Date: _____

Don't forget to attach copies of supporting documentation.

Eligibility:

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their Civil Service examination results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veteran's preference points, you must:

Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or in Desert Shield/Desert Storm or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran or the spouse of a disabled veteran who because of the disability is not able to qualify for the position.

The information you provide on this form along with the required supporting documentation will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veterans points without it.

Instructions:

You must supply a copy of your DD214 indicating an honorable discharge. Disabled veterans must also supply Form FL-802 or an equivalent letter from a service retirement board. Spouses applying for preference points must supply their marriage certificate, the Veteran's DD214 and FL-802 or death certificate.